


Claimant Name	Riley B. King
Date of Loss or Damage	July 20, 2003
FS Claim No.	AFS - PPLD - 03 _____

**CLAIMANT CHECKLIST
PERSONAL PROPERTY LOSS or DAMAGE CLAIM**

	Use this form to ensure you have provided everything needed to process your claim. Check the items off when they are complete. Refer to the 2003 - 2004 Reimbursable Items List to see if your loss or damage is reimbursable. Check the sample forms included in IM AK-300-2003-0XX for guidance in filling them out. Ask Financial Services if you need more assistance.
DI-570, Employee Claim for Loss or Damage to Personal Property. Include:	
	Detailed description of each item.
	Narrative statement that tells who, what, when, where, how and why the loss or damage occurred. Tell how you provided for security of the items.
	Purchase month/year/price of each item claimed.
	Permanent mailing address and telephone number.
Administrative Determination form. Include:	
	Statement from your supervisor/team lead. For items not on the Reimbursable Items List, or that are of above-average expense, document why each item is necessary for the performance of duty.
	Prescription eyeglasses, sunglasses or contact lenses: include a separate statement from your supervisor/team lead that documents your reasonable effort to secure the eyewear and original/replacement receipts.
	A charge code. The reimbursement will be obligated to this charge code.
	The signature of your AFS Staff Officer/Division Chief and/or Zone FMO or the Field Manager, NFO.
Additional Documentation	
	Attach Witness Statements or other statements, etc. on separate sheets of paper.
	Include catalog photos and prices, copy of original receipts, credit card charges, replacement receipts.
Submit The Claims Package	

	Attach the completed Claimant Checklist to your PPLD Claim Package, and route to Financial Services, AK-328E, following your office's internal procedures.
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